

# Benefits AT-A-GLANCE

For all active full-time, classified and  
unclassified employees, excluding  
police officers and firefighters

**HUMANA MEDICAL PLAN**

1.800.448.6262 • [www.humana.com](http://www.humana.com)

**COMBENEFITS DENTAL PLAN**

1-800-342-5209 • [www.combenefits.com](http://www.combenefits.com)

**CITY OF MIAMI BEACH EMPLOYEE BENEFITS**

305.673.7526

**NATIONWIDE RETIREMENT SOLUTIONS**

401(A) RETIREMENT PLAN (PLAN CODE 013-02677)  
1.800.772.2182

457 DEFERRED COMPENSATION PLAN (PLAN CODE 0938)  
1.877.677.3678

OBRA PLAN (PLAN CODE 09257)  
1.877.677.3678

**ICMA-RC**

401(A) RETIREMENT PLAN (PLAN NUMBER 303294)  
1.800.326.7272

457 DEFERRED COMPENSATION PLAN (PLAN NUMBER 109219)  
1.800.326.7272

**MIAMI BEACH EMPLOYEES RETIREMENT PLAN**

305.673.7437

MIAMIBEACH

YOU ARE AN  
**ESSENTIAL**  
PIECE



## WHO IS ELIGIBLE?

All full-time employees are eligible to participate in the City's health plan. In addition, you may elect coverage for your eligible dependents. Proof of dependency will be required prior to the enrollment of a dependent in the medical or dental plans. Eligible dependents include:

- Legal spouse
- Unmarried children or stepchildren (stepchildren must reside in your home) to age 19, or to age 25 if they are full-time students
- Domestic partner (to elect domestic partner coverage, your domestic partner must be registered with Human Resources Employee Benefits)

Proof of dependency includes marriage certificate or marriage license, birth certificate, adoption certificate, court ordered guardianship, or copy of divorce decree indicating parent responsible for coverage. Under no circumstances shall a dependent mean a grandchild, great-grandchild or emancipated minor including where the grandchild, great grandchild or emancipated minor meets all of the qualifications of a dependent as determined by the Internal Revenue Service.

## WHEN IS MY COVERAGE EFFECTIVE?

- For classified employees, coverage for all benefit programs is effective on your 91st day of hire.
- For unclassified employees, coverage for all benefit programs is effective on your date of hire.

## CHANGES TO YOUR BENEFIT ELECTIONS

A qualified life event is the only circumstance under which the Internal Revenue Service (IRS) rules allow you to make changes to your medical, dental and flexible spending account elections during the plan year. Examples of qualified life events are marriage, divorce or legal separation, birth, adoption or death of a dependent, a dependent who ceases to meet eligibility requirements, or a significant change in your spouse's employment or benefit coverage.

If you experience a qualified life event that causes the need to make a change in your benefit election, you must contact Employee Benefits within 30 days of the date of qualified life event to make the appropriate changes to your benefit elections. If you do not call within the 30 days, you will not be able to make changes to your coverage elections until the annual open enrollment occurring in the fall of each year with coverage effective January 1 of the following year.

## YOUR GROUP MEDICAL

- Coverage is provided by Humana
- Participation is voluntary
- Your choice of five plans: two HMO plans, two PPO plans and a POS plan
- City pays at least 50% of premium, depending on plan selected
- The bi-weekly premium costs are:

	EMPLOYEE ONLY		FAMILY	
MEDICAL PLAN	EMPLOYEE	CITY	EMPLOYEE	CITY
STANDARD HMO	\$44.44	\$133.33	\$176.24	\$264.36
PREMIUM HMO	121.38	121.40	300.88	300.88
STANDARD PPO	86.85	260.59	340.97	511.45
PREMIUM PPO	243.84	243.84	598.25	598.25
POS	135.26	135.27	335.63	335.64

## YOUR GROUP DENTAL

- Coverage is provided by Comp Benefits
- Participation is Voluntary
- Your choice of three plans: a dental HMO plan, a PPO plan, and an Indemnity plan
- City pays at least 50% of premium, depending on plan selected
- The bi-weekly premium costs are:

	EMPLOYEE		EE + 1		FAMILY	
DENTAL PLAN	EMP.	CITY	EMP.	CITY	EMP.	CITY
CS-150 DHMO	\$2.59	\$2.59	\$4.83	\$4.83	\$6.28	\$6.28
EP-505 PPO	5.96	5.97	11.50	11.50	17.62	17.63
ELITE-400 PPO	9.29	5.80	17.92	11.17	27.46	17.12

## LIFE INSURANCE

### BASIC LIFE INSURANCE

- Mandatory participation
- 1x annual base salary rounded to the next highest thousand
- City pays 50% of premium; \$0.07125 per \$1,000 of volume
- Employee pays 50% of premium; \$0.07125 per \$1,000 of volume

### SUPPLEMENTAL LIFE INSURANCE

- Voluntary Participation
- An additional 1x annual base salary rounded to the next highest thousand
- Employee pays 100% of premium; \$.20625 per \$1,000 of volume

### ACCIDENTAL DEATH & DISMEMBERMENT

- Mandatory participation
- 50% of Basic Life Insurance volume, to a maximum benefit of \$20,000
- City pays 100% of premium

## FLEXIBLE SPENDING ACCOUNTS

You can save money and reduce your taxes by contributing to a flexible spending account to help you pay for eligible health and dependent care expenses on a pre-tax basis. You have until April 15 of the year following the date you incur the expense to submit your claim for reimbursement for either healthcare reimbursement or dependent care reimbursement account. Any money left in your flexible spending account after the April 15 claim filing deadline will be forfeited in accordance with IRS regulations.

### THE HEALTH CARE REIMBURSEMENT ACCOUNT

When you contribute to a healthcare reimbursement account, you will be reimbursed for any out-of-pocket medical expenses incurred by you or your eligible dependents. (Current IRS guidelines do not include domestic partners as eligible dependents.) Eligible healthcare expenses include medical, prescription and dental plan co-payments, deductibles and co-insurance, glasses, and over-the-counter medications used to alleviate or treat a sickness or injury.

- You may contribute up to \$3,250 per year to your health care reimbursement account.

### DEPENDENT CARE REIMBURSEMENT ACCOUNT

When you contribute to a dependent care reimbursement account, you will be reimbursed for eligible dependent care expenses that are necessary for you and your spouse to work. Eligible expenses, on the days you are working, include licensed nursery schools, day care centers, baby-sitting in or out of your home, and disabled dependent care expenses.

- You can contribute up to \$5,000 per year to your dependent care reimbursement account.

## VOLUNTARY BENEFITS

The City offers the following voluntary benefits. These plans are fully paid for by the employee. However, the City allows them to be payroll deducted. The plans are administered by the Comprehensive Companies, located in Miami. A representative from the Comprehensive Companies will meet with you individually to discuss your options within your first 90 days of employment. You may contact them directly for further information at 305.858.2260.

### UNIVERSAL LIFE INSURANCE

This plan offers additional life insurance coverage for you and, if you choose, your eligible dependents. You may choose the level of coverage desired. You accumulate cash value and interest in your policy, which later can be withdrawn by you. The coverage is portable. If you leave the City, including retirement, you may continue the coverage directly with the carrier with no change in rates or coverage. Cost is based upon coverage selected.

### DISABILITY INSURANCE

This plan offers income due to disability. You design your plan. You may choose coverage for accident only or accident and illness. The length of elimination period, monthly benefit level, and benefit duration are also selected by you. This plan is only available to the employee. Benefits are paid in addition to any other disability-related income, except workers' compensation benefits. The coverage is portable. If you leave the City, you may be eligible to continue the coverage directly with the carrier. Cost is based upon coverage selected.

## CRITICAL LIFE INSURANCE

This plan combines term life insurance with critical condition coverage. It pays a lump sum cash payment to you upon first diagnosis of a critical condition. For a Type I condition the plan pays you a benefit equal to 100% of the current life insurance face amount. For a Type II condition the plan pays you a benefit equal to 25% of the current life insurance amount. Cost is based on coverage selected.

Type I conditions include heart attack, invasive cancer, stroke, paralysis, blindness, kidney failure and major organ transplant. Type II conditions include non-invasive cancer and major heart surgery. The plan is guaranteed renewable and can be renewed to age 85. If you leave the City's employment, coverage may be continued directly with the carrier. Cost is based on coverage selected.

## LUMP SUM CANCER POLICY

The lump sum cancer benefit provides you and your family with the financial support that you need in the event of a first diagnosis of internal cancer. This plan provides a one-time benefit to you (or whoever you assign the benefit to) to spend as you like. It pays in addition to any other coverage you may have. You choose the benefit amount you wish to have, \$10,000, \$20,000, \$30,000, \$40,000 even \$50,000. Coverage is fully portable if you change jobs and is guaranteed renewable, as long as you pay your premiums when due. Cost is based on coverage selected.

## U. S. LEGAL SERVICES, INC.

The plan provides coverage that includes consultation, preventive law, legal advice, correspondence, and services such as name changes and divorce. You have a designated attorney that will represent you. The low bi-weekly premium covers you and/or your spouse and all unmarried dependent children under age 18 and dependent unmarried children under age 23 who are full-time students.

EMPLOYEE ONLY	\$8.88 per paycheck
FAMILY	\$9.88 per paycheck

## MIAMI BEACH EMPLOYEES RETIREMENT PLAN

Participation in the Miami Beach Employees Retirement Plan is mandatory. Employees contribute 8% of their pay on a pre-tax basis. The city's contribution is determined annually by the plan actuary.

- 100% vested after 5 years in the plan (cliff vesting)
- Benefit at retirement
  - 3% per each year of service times Final Average Monthly Earnings (FAME)
  - FAME equals 1/12 of the annual average of the two highest years of earnings
  - Maximum pension benefit is 80% of FAME

## 457 DEFERRED COMPENSATION PLAN

The 457 Deferred Compensation Plan provides you with the tools you need to help you build a solid retirement future. All permanent, full-time employees are eligible to make pre-tax contributions to the plan through payroll deduction.

- Participation is voluntary
- You decide the amount of pre-tax contributions
- You decide on the investment options
- Maximum annual deferral
  - \$15,500 for 2008
  - \$20,500 for those over age 50

## LEAVE TIME

Full-time employees accumulate up to 96 hours of annual leave (vacation) per year and 96 hours of sick leave per year during the first 10 years of employment. Up to three days may be deducted from your accumulated sick or annual leave for use as religious holiday leave. In addition to annual and sick leave, each year full-time employees are provided 3 floating holidays, a birthday holiday and the following 10 legal holidays:

- New Year's Day, Martin Luther King's Birthday, Presidents' Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, and the day after and Christmas Day

## TUITION ASSISTANCE

Tuition assistance is available to full-time employees who have completed their probationary periods, or for unclassified employees who have a minimum of six months of continued service. Time served as provisional or temporary is excluded.

- The City will reimburse one course per semester/trimester/quarter equivalent to three credit hours for a total of 12 credits per calendar year for degree/non-degree seeking students.
- Reimbursement is for tuition only. No reimbursement is made for the cost of books, labs, special and/or additional fees, supplies, transportation, other expenses or prior to the successful completion of an approved specific course.
- Reimbursement for courses will not exceed \$158.25 for approved undergraduate community college courses and non-credit/certificate courses, \$251.16 for approved undergraduate university courses and \$531.15 for approved graduated courses.

## PRE-TAX PAYROLL CONTRIBUTIONS

The City of Miami Beach provides employees a choice between post-tax and pre-tax payroll deductions of employee premiums for the medical and dental plans. Employees can elect to have these premiums paid from pre-tax pay. Under pre-tax provisions, gross pay is calculated, and then the dollar amount of the employee portion of the plan would be deducted. After these deductions are made, the federal withholding would be calculated and deducted. This reduced amount of your taxable pay is reported to the Internal Revenue Service.

This election is made at the time you enroll in the qualified benefit plan(s). You may change your benefit election within 31 days if you have a "qualified event" or during the annual open enrollment period. For further information, please refer to the election form and/or plan document.

## CONTINUATION OF COVERAGE (COBRA)

The federal government requires that covered employees and/or covered dependents be offered the opportunity to continue medical and/or dental coverage with the City of Miami Beach plans upon termination of employment for up to 18 months through COBRA. Also, if a covered dependent is no longer eligible for coverage (such as a child attaining the majority age or the divorce of a covered spouse), the former dependent is to be offered the opportunity to continue participation in the plan for up to 36 months. You must notify Human Resources, Employee Benefits, of the qualifying event within 60 days. Members will be responsible for premium deductions during those 60 days in order to avoid any lapse in coverage. Please refer to the notification form for further information.

## YOUR EARNINGS AND SOCIAL SECURITY

The City does not deduct Social Security from the payroll check of regular full-time employees. Therefore, the Windfall Elimination Provision applies.

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit.

For more information contact Social Security at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call toll free at 1.800.772.1213.

Your Medicare benefits are not affected by the Windfall Elimination Provision.

This brochure is designed to highlight the key provisions of the City of Miami Beach benefits available to you. The plan documents control the benefits payable for these plans. This brochure is not intended to be a substitute for the full plan details. It is intended to provide you with a brief description of the benefit plans offered.

2008 MEDICAL BENEFITS COMPARISON	HUMANA HMO		HUMANA POS		HUMANA PPO			
	Premium	Standard	In Network	Out of Network	Premium		Standard	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
MAXIMUM LIFETIME BENEFIT	UNLIMITED	UNLIMITED	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$5,000,000	\$5,000,000
ANNUAL DEDUCTIBLE INDIVIDUAL (D)	\$1,500	•	•	\$400	\$200	\$200	\$250	\$250
ANNUAL DEDUCTIBLE FAMILY (D)	\$3,000	•	•	\$800	\$600	\$600	\$750	\$750
ANNUAL MAXIMUM CO-PAYMENTS INDIVIDUAL	•	\$1,500	•	•	•	•	•	•
ANNUAL MAXIMUM CO-PAYMENTS FAMILY	•	\$3,000	•	•	•	•	•	•
MAXIMUM ANNUAL OUT OF POCKET INDIVIDUAL	•	•	\$0	\$2,500	\$1,000	\$1,000	\$2,000	\$4,000
MAXIMUM ANNUAL OUT OF POCKET FAMILY	•	•	\$0	\$5,000	\$3,000	\$3,000	\$4,000	\$8,000
PHYSICIAN OFFICE VISIT	\$5 COPAY	\$15 COPAY	\$5 COPAY	(D) THEN 70%	\$10 COPAY	(D) THEN 80%	\$15 COPAY	(D) THEN 70%
WELL-CARE VISITS - ANNUAL EXAM								
ADULT	\$5 COPAY	\$15 COPAY	\$5 COPAY	(D) THEN 70%(MAX \$200)	\$10 COPAY <sup>10</sup>	(D) THEN 80% <sup>10</sup>	\$15 COPAY	(D) THEN 70%
CHILD HEALTH	\$5 COPAY	\$15 COPAY	\$5 COPAY	70% (D) WAIVED	\$10 COPAY	80%	100% <sup>4</sup>	70%
OB/GYN	\$5 COPAY	\$15 COPAY	\$5 COPAY	DED, THEN 70%	\$10 COPAY	(D) THEN 80%	100% <sup>4</sup>	70%
SPECIALIST OFFICE VISIT	•	\$25 COPAY	\$5 COPAY	(D) THEN 70%	\$10 COPAY	(D) THEN 80%	\$15 COPAY	(D) THEN 70%
INFERTILITY SERVICES/TREATMENT PLANS	\$0/50% <sup>1</sup>	\$0/50% <sup>1</sup>	•	(D) THEN 70%	•	•	•	•
PHYSICAL THERAPY	NO COPAY	\$15 COPAY	NO COPAY	(D) THEN 70%	(D) THEN 80%	(D) THEN 60%	(D) THEN 80%	(D) THEN 60%
SPEECH	NO COPAY	\$15 COPAY	NO COPAY	(D) THEN 70%	(D) THEN 80%	(D) THEN 60%	(D) THEN 80%	(D) THEN 60%
OCCUPATIONAL	NO COPAY	\$15 COPAY	NO COPAY	(D) THEN 70%	(D) THEN 80%	(D) THEN 60%	(D) THEN 80%	(D) THEN 60%
ALLERGY TESTING & TREATMENT	\$5 COPAY	\$15 COPAY	\$5 COPAY	(D) THEN 70%	\$3 COPAY	(D) THEN 70%	100%	(D) THEN 70%
OUTPATIENT SURGERY (HOSPITAL/SURGERY CTR)	NO COPAY	100% OF ALLOWANCE	NO COPAY	(D) THEN 70%	\$100 THEN 90%	\$500 THEN 70%	(D) THEN 80%	(D) THEN 60%
X-RAY/LAB OUTPATIENT (PHYSICIAN'S OFFICE)	\$5 COPAY	\$15 COPAY	NO COPAY	(D) THEN 70%	(D) THEN 80%	(D) THEN 60%	\$15 COPAY	(D) THEN 70%
EMERGENCY ROOM/HOSPITAL								
ILLNESS	\$25 COPAY	\$50 COPAY	\$50 (WAIVED IF ADMITTED)	(D) THEN 70%	\$25 THEN 90%	\$25 THEN 70%	\$50 THEN 80% <sup>4</sup>	(D) THEN 60%
ACCIDENTS	WAIVED IF ADMITTED	WAIVED IF ADMITTED	\$50 (WAIVED IF ADMITTED)	(D) THEN 70%	\$25 THEN 90%	\$25 THEN 70%	\$50 THEN 80% <sup>4</sup>	(D) THEN 60%
AMBULANCE	NO COPAY	100% OF ALLOWANCE	NO COPAY	(D) THEN 70%	(D) THEN 80%	(D) THEN 60%	(D) THEN 80%	(D) THEN 60%
INPATIENT HOSPITAL (PER ADMISSION)	\$100 COPAY	\$100/DAY (FIRST 5 DAYS)	\$100 (PER ADMISSION)	(D) THEN 70% (\$500/ADM.)	\$100 THEN 90%	\$500 THEN 70%	(D) THEN 80%	(D) THEN 60%
HOME HEALTH CARE	\$5 COPAY	\$15 COPAY PER VISIT	NO COPAY <sup>8</sup>	(D) THEN 70%	(D) THEN 80% <sup>8</sup>	(D) THEN 60% <sup>8</sup>	(D) THEN 80% <sup>8</sup>	(D) THEN 60% <sup>8</sup>
DURABLE MEDICAL EQUIP.	NO COPAY	100% OF ALLOWANCE	NO COPAY	(D) THEN 70%	(D) THEN 80%	(D) THEN 60%	(D) THEN 80%	(D) THEN 60%
MATERNITY								
PHYSICIAN	\$5 COPAY	\$15/\$25 <sup>2</sup>	\$5 COPAY	(D) THEN 70%	\$10 COPAY	(D) THEN 80%	\$15 COPAY	(D) THEN 70%
HOSPITAL	\$100 PER ADMISSION	\$100/DAY (FIRST 5 DAYS)	\$100 PER ADMISSION	(D) THEN 70% (\$500/ADM.)	\$100 THEN 90%	\$500 THEN 70%	\$250 THEN 80%	\$250 THEN 60%
IN-PATIENT MENTAL/NERVOUS	\$100 PER ADMISSION <sup>3</sup>	\$100/DAY (FIRST 5 DAYS) <sup>3</sup>	\$100 PER ADMISSION <sup>3</sup>	(D) THEN 70% (\$500/ADM.)	80%+\$25/\$50 <sup>11</sup>	80%+\$50/\$75 <sup>14</sup>	80% <sup>3</sup>	60% <sup>3</sup>
OUT-PATIENT MENTAL/NERVOUS	\$5 COPAY <sup>4</sup>	\$15 COPAY PER VISIT <sup>4</sup>	\$5 COPAY <sup>4</sup>	(D) THEN 70%	\$20 THEN 80% <sup>4</sup>	\$35 THEN 80% <sup>4</sup>	\$20 THEN 100% <sup>4</sup>	60%
IN-PATIENT SUBSTANCE ABUSE	\$100 PER ADMISSION	\$100/DAY (FIRST 5 DAYS)	\$100/ADMISSION (DETOX)	(D) THEN 70% (\$500/ADM.)	80% <sup>12</sup>	60% <sup>12</sup>	80% <sup>12</sup>	60% <sup>12</sup>
OUT-PATIENT SUBSTANCE ABUSE	\$35 COPAY PER VISIT <sup>5</sup>	\$35 COPAY PER VISIT <sup>5</sup>	\$35 COPAY PER VISIT <sup>5</sup>	(D) THEN 70%	80% <sup>13</sup>	60% <sup>13</sup>	80% <sup>15</sup>	60% <sup>13</sup>
PRESCRIPTION DRUGS								
GENERIC	\$5 COPAY <sup>6</sup>	\$10 COPAY <sup>6</sup>	\$10 COPAY <sup>6</sup>	\$14 COPAY <sup>6</sup>	\$10 COPAY	\$14 COPAY	\$10 COPAY	COPAY+70%
BRAND	\$5 COPAY <sup>6</sup>	\$25 COPAY <sup>6</sup>	\$10 COPAY <sup>6</sup>	\$14 COPAY <sup>6</sup>	\$10 COPAY	\$14 COPAY	\$25 COPAY	COPAY+70%
NON-PREFERRED	•	\$45 COPAY <sup>6</sup>	•	•	•	•	\$45 COPAY	•
PRESCRIPTION CARD	YES	YES	YES	YES	YES	YES	YES	YES
PRESCRIPTION MAIL ORDER								
GENERIC	\$15 COPAY <sup>7</sup>	\$30 COPAY <sup>7</sup>	\$30 COPAY <sup>7</sup>	\$42 COPAY <sup>7</sup>	\$30 COPAY	\$42 COPAY	\$30 COPAY	COPAY+70%
BRAND	\$15 COPAY <sup>7</sup>	\$75 COPAY <sup>7</sup>	\$30 COPAY <sup>7</sup>	\$42 COPAY <sup>7</sup>	\$30 COPAY	\$42 COPAY	\$75 COPAY	COPAY+70%
NON-FORMULARY	•	\$135 COPAY <sup>7</sup>	•	•	•	•	\$135 COPAY	•
YOUR ANNUAL PREMIUM								
EMPLOYEE	\$2,913.12	\$1,066.56	\$3,246.24		\$5,852.16		\$2,084.42	
FAMILY	\$7,721.12	\$4,229.76	\$8,055.12		\$14,358.00		\$8,183.28	

2008 DENTAL BENEFITS COMPARISON	DHMO CS150	PPO EP505	ELITE CHOICE 400
DIAGNOSTIC AND PREVENTATIVE SERVICES ROUTINE X-RAYS, ROUTINE CLEANINGS, TOPICAL FLUORIDE (TO AGE 16), LOCAL ANESTHESIA, ORAL EXAM EVERY 6 MONTHS, PROPHYLAXIS EVERY 6 MONTHS, SEALANTS, FLUORIDE	\$0 FOR ROUTINE X-RAYS, CLEANINGS, TOPICAL FLUORIDE (TO AGE 16), LOCAL ANESTHESIA, ETC.	IN-NETWORK: 100% TO USUAL/CUSTOMARY FEE OUT-OF-NETWORK: 80% TO USUAL /CUSTOMARY FEE	100% TO THE USUAL AND CUSTOMARY CHARGE
BASIC SERVICES RESTORATIVE (AMALGAM, SYNTHETIC OR COMPOSITE FILLINGS), RESTORATIVE DENTAL WORK, X-RAYS ORAL SURGERY	NO CHARGE FOR ROUTINE X-RAYS ROUTINE CLEANINGS TOPICAL FLUORIDE (TO AGE 16) LOCAL ANESTHESIA AND MORE	IN-NETWORK: 80% TO USUAL/CUSTOMARY FEE OUT-OF-NETWORK: 60% TO USUAL /CUSTOMARY FEE	80% TO THE USUAL AND CUSTOMARY CHARGE
MAJOR SERVICES PERIODONTICS - TREATMENT OF DISEASES OF THE GUMS, CROWNS, INLAYS, ONLAYS, PROSTHETICS - BRIDGES AND DENTURES / BRIDGE AND DENTURE REPAIR, ENDODONTICS (ROOT CANALS)	SEE SCHEDULE OF BENEFITS FOR COPAY AMOUNT	IN-NETWORK OR OUT OF-NETWORK 50% TO USUAL AND CUSTOMARY FEE	80% TO THE USUAL AND CUSTOMARY CHARGE
ORTHODONTICS CHILDREN UP TO AGE 19	SEE SCHEDULE OF BENEFITS FOR COPAY AMOUNT	IN-NETWORK OR OUT OF-NETWORK: 50% TO USUAL AND CUSTOMARY FEE, \$500 ANNUAL MAX, \$2,000 LIFETIME MAX	80% TO THE USUAL AND CUSTOMARY CHARGE
YOUR ANNUAL PREMIUM (EMPLOYEE/EMPLOYEE+1/FAMILY)	\$62.16 / 115.92 / 150.72	\$143.04 / 276.00 / 422.88	\$222.96 / 430.08 / 659.04

(D) = Deductible

<sup>1</sup> No copay for first \$2,000, 50% of reasonable costs after

<sup>2</sup> \$15 copay primary/\$25 copay specialist

<sup>3</sup> 30 days per calendar year max

<sup>4</sup> 20 Visits per calendar year max

<sup>5</sup> 44 visits per lifetime max

<sup>6</sup> 30-day supply max

<sup>7</sup> 90-day supply

<sup>8</sup> 40 visits per year max

<sup>9</sup> 90-day supply 3x's Copay

<sup>10</sup> \$200 Max

<sup>11</sup> Days 1-15, 80% after \$25 per day; Days 16-31, 80% after \$50 per day

<sup>12</sup> \$2,000 lifetime max

<sup>13</sup> 80% deductible waived, not to exceed \$35 per visit. 44 visits lifetime max.

<sup>14</sup> Days 1-15, 80% after \$50 per day; Days 16-31, 80% after \$75 per day

<sup>15</sup> \$20 copay, then 100% not to exceed \$35 per visit. 44 visits lifetime max.

<sup>16</sup> Deductible then 70%, 60% after \$250 deductible.

<sup>4</sup> Percent of allowance